



MISSOURI DEPARTMENT OF HIGHER EDUCATION
PO BOX 1469 • JEFFERSON CITY, MISSOURI 65102-1469
(800) 473-6757 or (573) 751-3940

FINANCIAL DISCLOSURE QUESTIONNAIRE

NOTE: BEFORE YOU COMPLETE THIS FORM, PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE. PRINT IN INK OR TYPE NEATLY. COMPLETE EACH ITEM. IF AN ITEM DOES NOT APPLY TO YOU, ENTER N/A (NOT APPLICABLE).

1. LAST NAME		FIRST NAME		MI	2. SOCIAL SECURITY NUMBER	
3. PERMANENT STREET ADDRESS		CITY		STATE	ZIP CODE	
4. HOME TELEPHONE NO.	5. WORK TELEPHONE NO.		6. DATE OF BIRTH (MM/DD/YYYY)		7. DRIVER'S LICENSE NO. (LIST STATE ABBREVIATION FIRST)	
8. DO YOU RENT OR OWN YOUR RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN LANDLORD/MORTGAGE COMPANY		9. VEHICLES (ATTACH LIST IF ADDITIONAL VEHICLES) YR MAKE/MODEL TAG NUMBER A. B.				
10. HOW LONG HAVE YOU LIVED THERE?		11. MARITAL STATUS		12. LIST DEPENDENTS AND AGES (ATTACH LIST IF NECESSARY)		

BORROWER EMPLOYMENT INFORMATION (ATTACH LIST IF ADDITIONAL EMPLOYERS)

13. EMPLOYER NAME		14. JOB DESCRIPTION			
15. STREET ADDRESS		CITY		STATE	ZIP
16. DATE OF EMPLOYMENT (MM/DD/YYYY)	17. GROSS MONTHLY INCOME	18. NET MONTHLY INCOME	19. ATTACH A COPY OF		
/ /	\$	\$	<input type="checkbox"/> LAST YEAR'S TAX RETURN AND <input type="checkbox"/> TWO MOST RECENT PAY STUBS		

SPOUSE EMPLOYMENT INFORMATION (MUST COMPLETE IF MARRIED)

20. SOCIAL SECURITY NUMBER		21. EMPLOYER NAME		22. JOB DESCRIPTION	
23. STREET ADDRESS		CITY		STATE	ZIP
24. DATE OF EMPLOYMENT (MM/DD/YYYY)	25. GROSS MONTHLY INCOME	26. NET MONTHLY INCOME	27. ATTACH A COPY OF		
/ /	\$	\$	<input type="checkbox"/> LAST YEAR'S TAX RETURN AND <input type="checkbox"/> TWO MOST RECENT PAY STUBS		

OTHER MONTHLY INCOME (ATTACH DOCUMENTATION)		ASSETS		EXPENSES		BALANCE		MONTHLY PAYMENT	
CHILD SUPPORT	\$	HOUSE	\$	MORTGAGE/RENT	\$		\$		
ALIMONY	\$	OTHER REAL ESTATE	\$	CHILD SUPPORT	\$		\$		
INTEREST INCOME	\$	CHECKING	\$	ALIMONY	\$		\$		
PENSIONS	\$	SAVINGS	\$	CREDIT CARDS	\$		\$		
DISABILITY INCOME	\$	STOCKS AND BONDS	\$	OTHER STUDENT LOANS*	\$		\$		
SOCIAL SECURITY	\$	INHERITANCE	\$	UTILITIES	\$		\$		
AFDC OR ADC	\$	PERSONAL PROPERTY	\$	PHONE	\$		\$		
WORKER'S COMPENSATION	\$	OTHER	\$	CAR PAYMENT	\$		\$		
OTHER	\$	TOTAL ASSETS \$		CABLE TELEVISION	\$		\$		
BORROWER INCOME	\$			INSURANCE:					
SPOUSE INCOME	\$			HEALTH	\$		\$		
TOTAL MONTHLY INCOME \$				LIFE	\$		\$		
MONTHLY INCOME	\$			AUTOMOBILE	\$		\$		
LESS MONTHLY EXPENSES	\$			GROCERIES	\$		\$		
EQUALS MONTHLY EXPENDABLE INCOME \$				PUBLIC TRANSPORTATION	\$		\$		
				CAR FUEL	\$		\$		
				MEDICAL COSTS	\$		\$		
				DEPENDENT CARE	\$		\$		
				OTHER	\$		\$		
				TOTAL MONTHLY EXPENSES ▶			\$		

*If you have other student loans, attach a statement showing the balance.

YOU MAY ATTACH A SEPARATE SHEET STATING ANY OTHER INFORMATION THAT MAY BE PERTINENT. ALSO ATTACH ANY DOCUMENTS THAT YOU BELIEVE ARE NECESSARY.

I CERTIFY UNDER THE PENALTIES OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE (BORROWER SIGNATURE AND DATE REQUIRED FOR PROCESSING)

DATE (MM/DD/YYYY)

INSTRUCTIONS FOR COMPLETING FINANCIAL DISCLOSURE QUESTIONNAIRE

- Item 1: Enter your last name, first name, and middle initial.
- Item 2: Enter your nine-digit Social Security number.
- Item 3: Enter your permanent home address, apartment number, city, state, and zip code.
- Item 4: Enter your area code and telephone number.
- Item 5: Enter the area code and telephone number of the place where you are employed.
- Item 6: Enter the month, day, and year of your birth.
- Item 7: Enter your driver's license number and the state that issued the license.
- Item 8: Check the appropriate box. Enter the name of your landlord or mortgage company.
- Item 9: Enter the year and make/model of the vehicles that you own. Attach a list of additional vehicles if you own more than two vehicles.
- Item 10: Enter the number of years that you have lived at the address listed in item 3. If you have lived there less than a year, list the number of months.
- Item 11: Enter your marital status.
- Item 12: Enter the names of your dependents and their ages. Attach a list for additional dependents.
- Item 13: Enter the name of the business that employs you.
- Item 14: Enter your job title or description of your duties.
- Item 15: Enter your work address, city, state, and zip code.
- Item 16: Enter the month, day, and year you began employment at the business entered in item 13.
- Item 17: Enter your monthly income before required deductions for federal, state, and local taxes have been made.
- Item 18: Enter your monthly income after required deductions for federal, state and local taxes have been made. (The amount deducted for insurance should be included in the section entitled EXPENSES.)
- Item 19: Attach a copy of your federal tax return for last year and a copy of your two most recent pay stubs.
- Item 20: Enter your spouse's Social Security number.
- Item 21: Enter the name of the business that employs your spouse.
- Item 22: Enter your spouse's job title or description of your spouse's duties.
- Item 23: Enter your spouse's work address, city, state, and zip code.
- Item 24: Enter the month, day, and year your spouse began employment at the business entered in item 21.
- Item 25: Enter your spouse's monthly income before required deductions for federal, state, and local taxes have been made.
- Item 26: Enter your spouse's monthly income after required deductions for federal, state and local taxes have been made. (The amount deducted for insurance should be included in the section entitled EXPENSES.)
- Item 27: Attach a copy of your spouse's federal tax return for last year if you did not file a joint return and a copy of your spouse's two most recent pay stubs.

OTHER MONTHLY INCOME: Enter the monthly amount of any other income that you or your spouse receives. Attach appropriate documentation of other income.

ASSETS: Enter the value of all assets you or your spouse have.

EXPENSES, BALANCE, and MONTHLY PAYMENT: Enter the balance owed on your debts and the monthly payment on each expense listed. For other FFELP student loans, provide documentation of your balance. If you or your spouse has other debts or expenses that are not listed, enter the source of the debt or expenses, the balance of the debt, and the monthly payment amount. Itemize "other" expenses on a separate sheet of paper as needed.

ADDITIONAL INFORMATION: You may attach a separate sheet stating any other information that you believe is pertinent regarding your situation.

SIGNATURE AND DATE: You must sign and date the form. Your signature certifies that the information that you have provided is true and accurate.